

PTTUZYUW RUOIAAU0001 2711417-UUUU--RHSSSUU.

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P 281417Z SEP 11

FM DFAS INDIANAPOLIS IN

TO AIG 4579

BT

SUBJ/ TEMPORARY QUARTERS SUBSISTENCE EXPENSE (LUMP SUM) (TTM 11-11)

SUBJECT: EMPLOYEE STATEMENT REQUIRED ACCEPTING TQSE (LS) (TTM 11-11)

REFERENCE A: JOINT TRAVEL REGULATIONS C5384, PARA. A-6

REFERENCE B: CIVILIAN ADVISORY PANEL (CAP) ITEM 60-11(E)

1. WE HAVE RECEIVED NUMEROUS INQUIRIES CONCERNING THE DATE OF ACCEPTANCE BY THE EMPLOYEE FOR REIMBURSEMENT OF TQSE (LS).

AFTER CONSULTING HIGHER AUTHORITY THE FOLLOWING HAS BEEN DETERMINED REGARDING THE REQUIRED STATEMENT AND THE DATE OF ACCEPTANCE

2. EFFECTIVE AUGUST1, 2011, A STATEMENT FORM THE EMPLOYEE ACCEPTING TQSE (LS) IS REQUIRED AND BECOMES PART OF THE SERVICE AGREEMENT. THE PER DIEM RATE IN EFFECT ON THE DATE THE EMPLOYEES SIGNS THE FORM/STATEMENT ACCEPTING TQSE (LS) IS THE PER DIEM RATE REIMBURSEMENT IS BASED ON. THIS RATE CANNOT BE CHANGED AFTER THE EMPLOYEE ACCEPTS THE OFFER.

3. THIS ALIGNS WITH THE REFERENCES ABOVE.

4. POINT OF CONTACT FOR THIS MESSAGE IS TRAVEL FUNCTIONAL AREA, 317-212-5094/3917/5090.

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